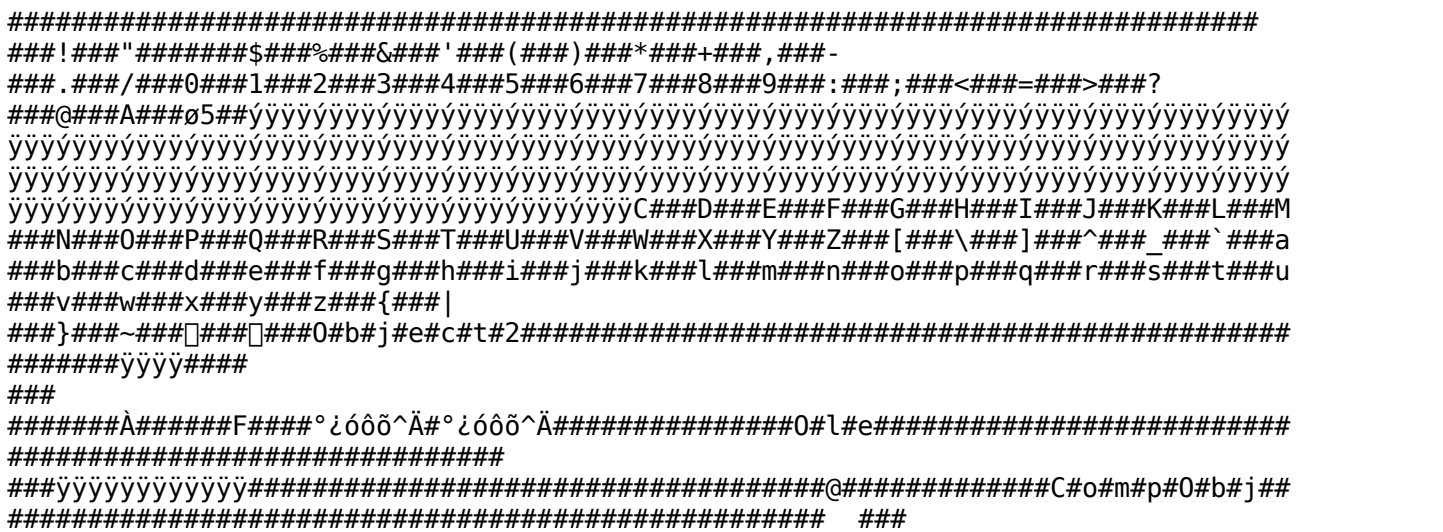

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####################################@#######Times New
Roman#####Tahoma#####Arial#####Times#####Arial Unicode MS#
###Wingdings#####tricare_national#####Microsoft Excel Worksheet#"###TRICARE Your
Military Health Plan#####TRICARE and Medicare  #.### Enrolling in Medicare Part
B� Under Age 65  #3###Enrolling in Medicare Part B� Under Age 65
(cont.)#.###Enrolling in Medicare Part B� Age 65 and Over#####Important Changes
in Medicare#####DEERS�Medicare Eligibility#####Updating DEERS
Information#2###Updating the Social Security Administration (SSA)#2###Social
Security Administration    Notice of Award#####TRICARE Program
Options#####TRICARE Coverage#####TRICARE Prime#####TRICARE Extra#####TRICARE
Standard#####TRICARE Extra vs. Standard#####TRICARE For Life (TFL)
#####TFL�Receiving Care#####TFL�Costs #####TFL�Covered Services#####How are
services paid?#####Beneficiary Cost-Shares#-###Using TFL with  Other Health
Insurance (OHI)#####Coordinating Benefits with OHI#####Updating OHI
Information#####Using TFL Overseas#!###Processing  Dual-Eligible
Claims#2###Claims Processing for Dual-Eligible Beneficiaries#####WPS TFL
Transition Dates#####Submitting Paper TFL Claims#$###Claims Information�Until
Transition#####TRICARE Pharmacy Program#####TRICARE Pharmacy Program#####MTF
Pharmacies#####TRICARE Mail Order Pharmacy (TMOP)# ###TRICARE Retail Pharmacy
Network#####Non-Network Pharmacies#####Generic Drug Use Policy#$###Drugs
Requiring Prior Authorization#)###Pharmacy Data Transaction Service
(PDTS)#####Important Contact Information#####TRICARE Regional
Contractors#####Thank You!#####TRICARE Product Feedback #####Back Up
Slides#####Enrollment Portability#####TRICARE Prime Re-enrollment#####
Guaranteed Access Standards#####MTF�The First Option for Care#####MTF�Priorities
for Care#####Primary Care Manager (PCM)#####PCM Visits�Copayment#####Prime
Travel Entitlement#-###TRICARE Prime Point-of-Service  (POS) Option# ###POS
Cost-shares and Deductibles#####Catastrophic Cap Benefit#
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OASD(HA)/TMA#Op#########eyl####################################þÿ###############
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#####Ú#######=###ð#<x####ó#####     ####################□###########¨#!
###TRICARE#Your Military Health Plan##¡#(###"##########################
######### ###□###########¨#6### Beneficiary Education SeminarTRICARE and
Medicare##¡#0###7#########!#####
###########"####################ó#####t##########8#########□###########¨#####T
RICARE and Medicare
##¡##############F###########□###########¨#D###Beneficiaries under age 65
entitled to Medicare Part A due to disability or end-stage renal disease
Beneficiaries entitled to Medicare Part A at age 65 All dual-eligible
beneficiaries must purchase Medicare Part B to remain eligible for TRICARE
except for active duty family membersTRICARE becomes second payer to
Medicare##¡#*###E########ö#########&###########)##########ó#####
```

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####################□########### #Z#####E#n#r#o#l#l#i#n#g# #i#n#
#M#e#d#i#c#a#r#e# #P#a#r#t# #B## ##U#n#d#e#r# #A#g#e# #6#5#
#####¡#*###.########K#######$#########-
#####$###□#3þ##□###########¨#####Disabled and entitled to Social Security
disability or Railroad Retirement Board benefits for a period of 24 months
Automatically enrolled in Medicare Parts A and B beginning with the 25th month
of entitlementWaived for people who are entitled to disability benefits because
of Amyotrophic Lateral Sclerosis (ALS) effective on first month of entitlement
End-Stage Renal Disease:You can enroll in Medicare Part B by calling or visiting
your local Social Security Office, or by calling Social Security at 1-800-772-
1213
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ï#####"###########"#######□#####"#############"########ó#####
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#M#e#d#i#c#a#r#e# #P#a#r#t# #B## ##U#n#d#e#r# #A#g#e# #6#5#
#(#c#o#n#t#.#)###¡#####3#########K#3#####$###□#3þ##□###########¨#□###General
enrollment period January 1 through March 31Part B coverage begins the following
JulyMedicare-eligible family members can enroll in Part B at any time before the
active duty sponsor retires or during the eight-month period that begins the
month the active duty sponsor retiresRemember after the active duty sponsor
retires, family members must be enrolled in Medicare Part B
##¡#t############E#########À#########c#########################"#####E#####"###
##À#####"#######c#####"#############"########ó#####□###########M#########□#####
###### #Z###E#n#r#o#l#l#i#n#g# #i#n# #M#e#d#i#c#a#r#e# #P#a#r#t# #B## ##A#g#e#
#6#5# #a#n#d# #O#v#e#r###¡#####.#########K#.#####$###□#3þ##□###########¨#□###The
Defense Enrollment Eligibility Reporting System (DEERS) will notify you that
your benefits are about to changeThe Social Security Administration will notify
you regarding your Medicare entitlementAutomatically enrolled in Medicare Part B
unless you decline coverageYou may enroll during the general enrollment period
if currently only using Medicare Part A You may be required to pay a
surcharge##¡#,###m#########Z#'#########Z#m#######'############ó#####□##########
#K#########□###########¨#####Important Changes in
Medicare##□###########¨#Ì###Medicare Prescription Drug Improvement and
Modernization Act of 2003 provisions:Purchase Medicare Part B without penalty
through December 31, 2004No premium surcharges for late enrollment effective
January 1, 2004Premium surcharge penalties are waived beginning January 2004 for
those beneficiaries who purchased Medicare Part B between January 2001 and
December 2004 (if subject to the late enrollment penalty)Find out more
information at
www.medicare.gov##¡#H###Q#########P#N#########P#.#########P#Q#######N###########
#################ó#####X###########5#########□########### #4###D#E#E#R#S##
M#e#d#i#c#a#r#e# #E#l#i#g#i#b#i#l#i#t#y###¡#(##########################
################□###########¨#####If you or a family member is Medicare-
eligible, entitled to Part A, and enrolled in Part B, DEERS must be updated to
reflect Medicare Part A and B and to retain eligibility for TRICARE coverageWhen
you turn 65, the medical section of your military ID card may also need to be
updated##ó#####u###########9#########□###########¨#####Updating DEERS
Information##¡###############################ÿ##þ##□###########¨#####Visit an ID
card issuing facility; locate one near you at www.dmdc.osd.mil/rslCall 1-800-
538-9552Mail changes to:Defense Manpower Data Center Support OfficeAttn: COA400
Gigling RoadSeaside, CA 93955-6771Make address changes online at:
www.tricare.osd.mil/DEERSAddress
##¡#r###t#########Z#^###########Z#A#########Z#############Z#:#################
%#######^######### #######"##################ò#######ó#################ÿB
0##ß#####:###J#####ò#######ó#################ÿB
0##ß#####ò#########ó#####□###########N#########□###########¨#1###Updating the
Social Security Administration
(SSA)##¡#####2#########K#2#########□###########¨#Æ###Update status and address
changes with Medicare Contact your local SSA office in one of the following
ways:Phone: 1-800-772-1213TTY/TDD: 1-800-325-0778 for the hearing impairedWeb:
www.ssa.gov##¡#N###m#########X##################m#######L#########
```

```
################################ó##########################□###########¨#1###Soc
ial Security Administration    Notice of Award##¡#####2#########F#2#####
%#####□#3þ##□###########¨#Q###Take your SSA Notice of Award, showing your
Medicare Parts A and B effective dates, to the nearest ID facilityThey will
assist in determining the benefits you are entitled to Will be issued ID card
reflecting those benefitsFacilitate appropriate claims processingTo locate the
nearest facility to you, log on to
www.dmdc.osd.mil.rsl###¡#0###R#########<#####"###########"############"#######ó
#####£###########P#########□###########¨#####TRICARE Program
Options##□###########¨#K###TRICARE PrimeTRICARE ExtraTRICARE StandardTRICARE For
LifeTRICARE Plus
##¡#####L###########L############ó##########################□###########¨#####
TRICARE Coverage##¡###################$###□#3þ##□###########¨#□###Dual-
eligible beneficiaries may keep their regular TRICARE eligibility (Prime, Extra,
or Standard) if they are enrolled in Medicare Part BActive duty family members
are not required to enroll in Medicare Part BSince 1991, beneficiaries who are
under age 65 and eligible for TRICARE and have Medicare Part A and Part B have
been able to use TRICARE as a secondary payer to Medicare.
##¡#D###□#########Z#I#########Z#®#########Z#□##### ###I#####"#####®#####
#####ó#####¡##########O#########□###########¨####TRICARE
Prime##□###########¨#l###Available to dual-eligible beneficiaries under age 65
Managed care option; enrollment is requiredEnrollment fees (retirees) are waived
for dual-eligible beneficiariesSeek care from a primary care manager (PCM) in a
military treatment facility (MTF) or from a network provider; specialty care
requires referral from PCMFewer out-of-pocket costsNo claims to
file##¡#>###b#########Z#ß#########Z#,#########Z#b#######ß#########,#########ó###
##¤###########Q#########□###########¨####TRICARE
Extra##□###########¨#L###Preferred provider optionNo enrollment requiredSeek
care from any provider in the TRICARE networkResponsible for annual deductibles
and discounted cost-sharesProviders will file claims for youMay seek care in an
MTF on a                      space-available basisActive duty service members
are not eligible for TRICARE Extra##¡#
###L###################M###########ó#####¦###########S#########□###########¨##
###TRICARE Standard##□########### #¼###F#e#e#-#f#o#r#-#s#e#r#v#i#c#e#
#o#p#t#i#o#n##N#o# #e#n#r#o#l#l#m#e#n#t# #r#e#q#u#i#r#e#d# ##S#e#e#k# #c#a#r#e#
#f#r#o#m# #a#n#y# #T#R#I#C#A#R#E#-#a#u#t#h#o#r#i#z#e#d# #p#r#o#v#i#d#e#r#
#R#e#s#p#o#n#s#i#b#l#e# #f#o#r# #a#n#n#u#a#l# #d#e#d#u#c#t#i#b#l#e#s# #a#n#d#
#c#o#s#t#-#s#h#a#r#e#s## h#i#g#h#e#s#t# #o#u#t#-#o#f#-#p#o#c#k#e#t#
#e#x#p#e#n#s#e##M#a#y# #h#a#v#e# #t#o# #p#a#y# #p#r#o#v#i#d#e#r# #t#h#e#n#
#f#i#l#e# #c#l#a#i#m# #f#o#r# #r#e#i#m#b#u#r#s#e#m#e#n#t##M#a#y# #s#e#e#k#
#c#a#r#e# #i#n# #a#n# #M#T#F# #o#n# #a# #s#p#a#c#e#-#a#v#a#i#l#a#b#l#e#
#b#a#s#i#s##A#c#t#i#v#e# #d#u#t#y# #s#e#r#v#i#c#e# #m#e#m#b#e#r#s# #a#r#e#
#n#o#t# #e#l#i#g#i#b#l#e# #f#o#r# #T#R#I#C#A#R#E#
#S#t#a#n#d#a#r#d###¡#####_#########_##########ó#####©##########V#########□####
#######¨#####TRICARE Extra vs. Standard##□###########¨#à###Any TRICARE-
authorized providerActive duty family member: 20% of allowable chargeRetirees:
25% of allowable chargeMay have to file claimsNonparticipating providers may
charge up to 15% above allowable charge for services##¡#####á#########Z#á#######
#□###########¨#Ï###Any TRICARE network providerActive duty family member: 15% of
negotiated rateRetirees: 20% of negotiated rateProviders will file claims for
youNot responsible for additional charges for covered benefits
##¡#####Ð#########Z#Ð########ó#####Ê##########e#########□###########¨#####TRIC
ARE For Life (TFL) ##□########### #Ô###T#R#I#C#A#R#E## s# #M#e#d#i#c#a#r#e#-
#w#r#a#p#a#r#o#u#n#d# #c#o#v#e#r#a#g#e##A#v#a#i#l#a#b#l#e# #t#o#
#b#e#n#e#f#i#c#i#a#r#i#e#s# #w#h#o# #a#r#e# #e#n#t#i#t#l#e#d# #t#o#
#M#e#d#i#c#a#r#e# #P#a#r#t# #A# #a#n#d# #p#u#r#c#h#a#s#e# #M#e#d#i#c#a#r#e#
#P#a#r#t# #B##I#n# #m#o#s#t# #c#a#s#e#s#,# #M#e#d#i#c#a#r#e# #w#i#l#l# #p#a#y#
#f#i#r#s#t# #a#n#d# #t#h#e# #r#e#m#a#i#n#i#n#g# #o#u#t#-#o#f#-#p#o#c#k#e#t#
#e#x#p#e#n#s#e#s# #w#i#l#l# #b#e# #p#a#i#d# #b#y#
#T#R#I#C#A#R#E###ó#####Ë###########i#########□########### #$###T#F#L##
R#e#c#e#i#v#i#n#g# #C#a#r#e###□###########¨#4###May seek care from any TRICARE
authorized Medicare providerMost Medicare providers are                TRICARE-
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authorizedMay seek care at MTFs on a space-available basisMay seek care at
Veterans Affairs (VA) facilitiesTRICARE is the primary payerTRICARE Standard
benefits with deductibles and cost-
shares##¡#X###<#########Z#>#########Z#c#########Z#X#########Z#<#######>#########
c#########X#############ª#####################¦#########ó#####Ì###########h###
#################### #####T#F#L## C#o#s#t#s# ############¨#Á###No fees for
TRICARE For LifeYou only need to pay your Medicare Part B premiums.Automatically
deducted from your Social Security checkCheck with Medicare on current Medicare
Part B premiums.
##¡#####Á#####################Â#########ó#####Í###########j#####################
#(###T#F#L## C#o#v#e#r#e#d# #S#e#r#v#i#c#e#s###############¨#Æ###For service
covered by both Medicare and TRICARE, Medicare will pay first and TRICARE will
pay second.For services covered by TRICARE but not Medicare, TRICARE pays its
portions and you are responsible for TRICARE deductibles and cost- shares.For
services covered by Medicare but not TRICARE, Medicare pays its portion and you
are responsible for Medicare cost-shares.For services not covered by TRICARE or
Medicare, you are responsible for all
costs.##¡#####Ç#########Ç###########ó#####Ï###########l#####################¨###
##How are services paid?#############¨#C###Show Medicare and Uniformed Services
ID CardProvider files a claim with Medicare firstMedicare pays its portion and
automatically sends the claim to TRICARETRICARE payment is automatically sent to
providerBeneficiary receives an Explanation of Benefits (EOB) from TRICARE and
Medicare indicating the total amounts paid
##¡#####D#########Z#D#########ó#####Ð###########m#####################¨#####Bene
ficiary Cost-Shares##ó#####Ñ###########n#####################¨#,###Using TFL
with #Other Health Insurance (OHI)##¡#####-#########F#-
##################### #Þ###E#m#p#l#o#y#e#r#-#s#p#o#n#s#o#r#e#d#
#i#n#s#u#r#a#n#c#e##M#e#d#i#g#a#p# #p#o#l#i#c#i#e#s##O#t#h#e#r#
#s#u#p#p#l#e#m#e#n#t#a#l# #h#e#a#l#t#h# #i#n#s#u#r#a#n#c#e# #p#o#l#i#c#i#e#s#
#Y#o#u# #n#e#e#d# #t#o# #d#e#c#i#d#e# #i#f# #o#t#h#e#r# #c#o#v#e#r#a#g#e# #i#s#
#n#e#c#e#s#s#a#r#y### # # #T#F#L# #p#r#o#v#i#d#e#s# #M#e#d#i#c#a#r#e#-
#w#r#a#p#a#r#o#u#n#d# #c#o#v#e#r#a#g#e# #s#i#m#i#l#a#r# #t#o#
#s#u#p#p#l#e#m#e#n#t#a#l# #p#o#l#i#c#i#e#s# ## a#t# #n#o# #c#o#s#t# #t#o#
#y#o#u#!###¡#B############Z#c###########Z#[########################
##################ó#####Ò###########o#####################¨#####Coordinating
Benefits with OHI##¡###############K######################¨#`###WithoutPrimary
payer: MedicareSecondary Payer: OHI or Medicare supplementThird Payer:
TRICARE##¡#*#################Y###################Y#######
############¨#\###WithPrimary payer: Employer-sponsored planSecondary payer:
Medicare Third payer: TRICARE
##¡#*#################X###################X#########ó#####Ó##########p#########
###########¨#####Updating OHI Information#############¨#Ô###If you decide to
drop your OHI, contact the other plan (not TRICARE) for information about how to
disenrollKeep your OHI status updated with TFLCall 1-866-773-0404TTY/TDD 1-866-
773-0405Visit
www.tricare4u.com##¡#0############C################1#####################ó####
#Ô##########q#####################¨#####Using TFL
Overseas#############¨#F###Must meet all eligibility requirements including
enrollment in Medicare Part BMedicare does not provide medical benefits
overseas, TRICARE becomes primary payerTFL provides same coverage available to
retirees under age 65 (TRICARE Standard)Cost-shares and deductibles are the same
$150/person, $300/family25% of cost-
share##¡#6###########Z#+#########Z#########*######################ó#####í####
#######x#####################¨# ###Processing #Dual-Eligible
Claims#############ª#
###############ó#####Õ###########r#####################¨#1###Claims Processing
for Dual-Eligible
Beneficiaries##¡#####2#########F#2#########3þ#############¨#f###Wisconsin
Physicians Service (WPS) is the new claims processor for all TFL claimsWPS has
agreements with each Medicare carrier allowing Medicare to submit claims
directly to WPS Providers will submit claims to Medicare and they will cross-
over to TRICARE electronicallyNew TFL claims process will be implemented monthly
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######ó#####ï###########z#########□###########¨#####TRICARE Regional Contractors##□###########¨#@###TRICARE North RegionHealth Net Federal Services, Inc.www.healthnetfederalservices.com1-877-TRICARE (1-877-874-2273)TRICARE West RegionTriWest Healthcare Alliancewww.triwest.com 1-888-TRIWEST (1-888-874-9378) TRICARE South RegionHumana Military Healthcare Services, Inc. www.humana-military.com1-800-444-5445##¡#□##########0##Z###"######0##Z###! ######8####Z##########0##Z##########0####Z##########0##Z###L######0##Z########## 0####Z##########0##Z###R######0##Z##########0##Z################þ! ##############þ###############þ! ##############þ###############þ###############þ###############þ###############þ# ##############þ###############þ#####

#Î###ðZ#####□###########¨#####Dual-eligible beneficiaries (who are not active duty family members) may keep their regular TRICARE eligibility (Prime, Extra, or Standard) if they are enrolled in Medicare Part B. By law, TRICARE will pay secondary to Medicare for these beneficiaries, similar to TRICARE For Life. Dual-eligible beneficiaries are not required to pay TRICARE Prime enrollment fees. Since 1991, beneficiaries who are under age 65 and eligible for TRICARE and have Medicare Part A and Part B have been able to use TRICARE as a secondary payer to Medicare. ##¡#"##################$######þ########□####ðH#####
ð#####¤###

#é###ð□#####□###########¨#A###If you are under age 65, disabled, and have been entitled to Social Security disability or Railroad Retirement Board benefits for a period of 24 months, you will be enrolled automatically in Medicare Parts A and B beginning with the 25th month of entitlement. However, effective July 1, 2001, the 24-month waiting period is waived for people who are entitled to disability benefits because of Amyotrophic Lateral Sclerosis (ALS) commonly referred to as "Lou Gehrig's Disease." These individuals are entitled to Medicare the first month of entitlement to disability benefits,
##¡#"###B#########A#####$######þ########□####ðH#####
ð#####¨###

#Ü###ð±#####□###########¨#o###You must take your SSA Notice of Award showing your Medicare Parts A and B effective dates to the nearest ID facility. They will assist you in determining the benefits you are entitled to, issue you an ID card reflecting those benefits, and facilitate appropriate claims processing. You should contact the facility first, to determine if an appointment is necessary. ##¡#&###p#########o#####$######þ########□####þ###ðH#####
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####ðè#####□###########¨#¦###For more information about enrolling in Medicare Part B, please visit the Centers for Medicare & Medicaid Services online at www.medicare.gov., or call the Social Security Administration toll free at 1-800-772-1213, (TTY/TDD 1-800-325-0778). For more information about TRICARE, please visit the TRICARE Web site at www.tricare.osd.mil, or contact your regional contractor for specific questions about dual eligibility.

##¡#&###§#########¦#####$######þ########□####þ###ðH#####
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#í###ð.#####□###########¨#####If you or a family member is Medicare-eligible, entitled to Part A, and enrolled in Part B, DEERS must be updated to reflect Medicare Part A and B and to retain eligibility TRICARE coverage. When you turn 65, the medical section of your military ID card may also need to be updated.###ðH#####
ð#####,###

#í###ðK#################¨#k###You can verify your DEERS information by contacting your regional contractor (TriWest Healthcare Alliance, Health Net Federal Services, or Humana Military Healthcare Services), by visiting a TRICARE service center, or by contacting the nearest uniformed services personnel office (ID card facility). Sponsors or registered family members may make address changes, however, only the sponsor can add or delete a family member from DEERS, and proper documents are required such as a marriage certificate, divorce decree, and/or birth certificate. Update DEERS Information in one of the following ways:Visit an ID card issuing facility; locate one near you at www.dmdc.osd.mil/rslCall 1-800-538-9552Mail changes to:Defense Manpower Data Center Support OfficeATTN: COA400 Gigling RoadSeaside, CA 93955-6771Make address changes online at: www.tricare.osd.mil/DEERSAddress##¡#d###Í#########^#########A#########Y#####
###:##########################%##########^########### #########!
#########ò#######ó#################ÿB
0##ß#########£#####ò#######ó#################ÿB
0##ß#####K###k######ðH#####
ð#####T###

#á###ð□#####□###########¨#D###Prescriptions may be filled (up to a 90-day supply for most medications) at a MTF pharmacy free of charge. Each facility is required to make available the medications listed in the DoD Basic Core Formulary. The MTF, through its local pharmacy and therapeutics committee, may add additional medications to its local formulary based on the scope of care at that MTF. Beneficiaries should contact their local MTF for specific details about filling and refilling prescriptions at its pharmacy. MTF pharmacies will accept written prescriptions from any TRICARE-authorized provider.
##¡#,###E#########C#####$######þ###### ###########□####ðH#####
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#á###ðð#####□###########¨#□###You may have prescriptions filled at any pharmacy in the TRICARE retail pharmacy network.The retail pharmacy benefit is portable across all TRICARE regions. So, if you are traveling, you can visit any retail pharmacy in the network and have prescriptions filled for a small cost-share. NOTE: For non-formulary prescriptions, you are responsible for a $22 cost-share in the TRICARE Retail Pharmacy Network. ##¡#8###□#########"##### #########
#□###u##### ###########□#ÿ##þ###ðH#####
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####ðý#####□###########¨#□###It is DoD's policy to substitute generic
medications for brand name medications when available. Brand name drugs that
have a generic equivalent may be dispensed only if the prescribing physician is
able to justify medical necessity for use of the brand name drug in place of the
generic equivalent. If a generic equivalent drug does not exist, the brand name
drug will be dispensed at the brand name cost-shares.
##¡#B### #########□#####$######þ###### ######### #□#########
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#í###ðã#####□###########¨#□###You will receive a letter from DEERS indicating that your TRICARE benefits are about to change. The Social Security Administration will notify you regarding your Medicare entitlement.You will receive a Medicare card indicating coverage for Part A and Part B unless you decline Part B coverage.For more information about enrolling in Medicare Part B: Visit www.ssa.govCall 1-800-772-1213TTY/TDD 1-800-325-0778##¡#(###c#########=##########c#######=#######□####ðH##### ð#####ø###

#Ü###ðü#####□###########¨#è###Your information must also be up to date with Medicare. Contact your local Social Security Administration office in one of the following ways:Phone: 1-800-772-1213TTY/TDD: 1-800-325-0778 for the hearing impairedWeb: www.ssa.gov###ðH#####
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#Î###ð²#####□###########¨#F###TRICARE Prime is a managed care option similar to a civilian health maintenance organization. TRICARE Prime offers fewer out-of-pocket costs than any other TRICARE option, with no deductibles to meet and low or no copayments. TRICARE Prime enrollees receive most of their care from a military treatment facility (MTF), augmented by providers in the TRICARE network. TRICARE Prime has certain access standards that dictate your waiting time for appointments. Enrollment is required, and TRICARE Prime enrollees are assigned a primary care manager (PCM) who coordinates most of their care. Specialty care requires a referral from your PCM and authorization from your regional contractor.Retirees usually pay an enrollment fee for TRICARE Prime: $230 per individual$460 per familyThese fees are waived for dual-eligible beneficiaries.##¡#P###ë#########$###########8#########ë#####d########þ$#####d###
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#Ü###ðù#####□###########¨#i###In comparing the two plans, the similarities are same deductible, no enrollment, and no monthly or annual premiums.The differences are with TRICARE Standard:Active duty family member: Pay 20 percent after meeting deductibleMay have to pay up to 15 percent above the TRICARE allowable charge if provider does not participate in TRICAREThe differences with TRICARE Extra are that you select providers in the TRICARE network, the cost-share is 5 percent lower than Standard, and you are not responsible for additional charges for covered benefits.Both options allow for care at the MTF on a space-available basis.##¡#d###□#########³###########Ô####################C###########□#######³#
######Ô###############□#C#######□###¦#########□#H####ðH#####
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##ð¦#####□###########¨#J###Enrollment portability allows TRICARE Prime beneficiaries to transfer their enrollment from one TRICARE region to another Active duty families may move place to place an unlimited number of times without a break in coverage. When a uniformed services family moves to a new TRICARE region, they do not have to change their TRICARE Prime coverage, but they do need to transfer their enrollment to the new regional contractor and select a new PCM to avoid expensive point-of-service charges. When beneficiaries move, they need to update their address in the DEERS as soon as possible.
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##ðk#####□###########¨#1###TRICARE Prime beneficiaries must first try to obtain inpatient admissions, specialty appointments, and procedures requiring prior authorizations at an MTF. If the service is not available at the MTF within the appropriate access standards, then the beneficiary is referred to a TRICARE network provider.##¡#####2#########1##### ###########□####ðH#####
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##□#`#####□#X#####º#####_#_#_#P#P#T#9###□#:#####¬#2#############################
#########################ðÄ#####□############¨#,###Beneficiaries may receive care in the MTF in the following priority:Active duty service membersActive duty family members who are enrolled in TRICARE Prime Retirees, their family members, and survivors who are enrolled in TRICARE PrimeActive duty family members who are NOT enrolled in TRICARE Prime Retirees, their family members and survivors who are not enrolled in TRICARE PrimeAll other eligible beneficiaries There are certain special provisions in the MTF access policy. Visit the TRICARE Web site at www.tricare.osd.mil for more details.##¡#f###F#########`#####□#####"
##□#########F##### ###`#######□#`##### #□######### #□######### #□########

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##ðk#####□###########¨#û###There are several advantages to having a PCM:
Coordinates your care and acts as an expert guide to the medical systemBecause
you see one physician or practice, your PCM knows your family and medical
history, lifestyle, and habitsHelps you develop and carry out a personal health
maintenance and improvement programPrevents and detects health problems through
regular screenings and wellness educationDetermines when a patient needs to see
a specialist and coordinates care with appropriate services
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##ðs#####□###########¨#9###There is no copayment for TRICARE Prime active duty family members for health care services received in the TRICARE civilian network or at the MTF, with the exception of pharmacy benefits, services provided under the Program for Persons with Disabilities and when the Point-of-Service (POS) option is utilized. ##¡#####:#########9#####################ðH#####
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##ð´#####□###########¨#F###The Point-of-Service (POS) Option under TRICARE Prime allows enrollees the freedom to seek and receive nonemergent health care services from any TRICARE-authorized civilian provider, in or out of the network, without requesting a referral from their PCM or your regional contractor. When TRICARE Prime enrollees choose to use the POS option, all requirements applicable to TRICARE Standard apply except the requirement for a Non-availability Statement (NAS). POS claims are subject to outpatient deductibles and cost-shares, and is the most costly TRICARE option to the enrollee. ##¡#0###G#########!##### #########$#####oþ
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##ðg#####□###########¨#)###Annual outpatient deductibles are $300 for an individual and $600 for family, 50 percent cost-shares for outpatient and inpatient claims, and excess charges up to 15 percent over the allowed amount. The 50 percent cost-share continues to be applied even after the catastrophic cap has been met. ##¡#"###*#########(#####$######þ########□####ðH#####
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#□###ðR#####□###########¨#>###There are no fees to use TRICARE For Life. All you need to do is pay your Medicare Part B premiums. The premium is automatically deducted from your Social Security check one you enroll in Medicare Part B. Check with Medicare for current Part B premiums since they may change annually. Visit www.medicare.gov.   ###ðH#####
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#Ó###ðÛ#####□###########¨#Ç###For services payable by TRICARE and Medicare: (read first row of chart) For services payable by Medicare but not TRICARE: examples are bone mass measurements, diabetes monitoring (read second row of chart) For services covered by TRICARE but not Medicare: examples are overseas care, unlimited hospital days (read third row of chart)For services not covered by Medicare or TRICARE: examples are cosmetic surgery, hearing aids (read fourth row of chart)###ðH#####
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#Ó###ðF#####□###########¨#2###For services payable by TRICARE and Medicare where the beneficiary also has other health insurance or a Medicare supplement:The primary payer is Medicare.The secondary payer is OHI/Medicare supplement.The third payer is TRICARE.There is an exception if beneficiary is still working: then, the commercial insurance pays first, Medicare pays second, and TRICARE pays last. TRICARE by law may pay only after all insurance plans have paid. If money is still owed after all the other insurance plans have paid, the beneficiary should submit a claim to TRICARE. ###ðH#####
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##ð######□###########¨#à###TFL claims processing is currently in a state of transition. The outgoing regional claims processor will continue to process claims for services beneficiaries receive until WPS TFL is implemented in the region. WPS TFL is being phased-in as follows: Region 11: April 1, 2004Regions 2/5: June 1, 2004Regions 9/10/12: July 1, 2004Regions 3/4: August 1, 2004Region 1: September 1, 2004Region 7/8 (Central): October 1, 2004Region 6: November 1, 2004. ##¡#
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##ð######□###########¨#####To find out what region you are in and for information about your current claims processors, go to: http://www.tricare.osd.mil/main/chart.html. Once implemented in a region, beneficiaries may call WPS TFL (866) 773-0404, or TDD (866) 773-0405. For basic TFL information, they may contact WPS TFL or the TRICARE Information Service at 1-888-DOD-LIFE, (1-888-363-5433). Beneficiaries may visit the TRICARE Web site at www.tricare.osd.mil/tfl or the WPS Web site at www.tricare4u.com for more information about TFL. ##¡#R###############□##### ######### #□###s#####
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#á###ð######□###########¨#□###TRICARE provides a world-class pharmacy benefit. All eligible TRICARE beneficiaries are eligible for the TRICARE Pharmacy Program, including Medicare-eligible beneficiaries age 65 and over, and can fill prescription medications at MTF pharmacies, through the TRICARE Mail Order Pharmacy, or at retail network and non-network pharmacies. All beneficiaries must have their address and other information updated in DEERS. To have a prescription filled, beneficiaries will need a written prescription and a valid uniformed services ID card. Medicare-eligible beneficiaries who turned age 65 on April 1, 2001, or later, must be enrolled in Medicare Part B.
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##What You Pay-##Services payable by both Medicare and TRICARE###Medicare pays its authorized amount###Nothing,##Services covered by Medicare but not TRICARE,##Services covered by TRICARE but not Medicare"##TRICARE pays its authorized amount(##TRICARE cost-share and annual deductible+##Services not covered by Medicare or TRICARE9##You are responsible for costs of all non-covered services.##TRICARE pays the remaining out-of-pocket costs-##Medicare deductibles and   cost-sharesÿ#####¬###

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      S###############□#ÿÿd######0##d#########W### Beneficiary Education Seminar
TRICARE and Medicare(Dual-Eligible/TRICARE For Life)O
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##########ÿ□#ÿÿd#########d#########®###This seminar discusses TRICARE benefits for dual-eligible beneficiaries. The term □dual-eligible□ refers to those TRICARE beneficiaries who are also eligible for Medicare.

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      :#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########D###Beneficiaries under age 65
entitled to Medicare Part A due to disability or end-stage renal disease
Beneficiaries entitled to Medicare Part A at age 65 All dual-eligible
beneficiaries must purchase Medicare Part B to remain eligible for TRICARE
except for active duty family membersTRICARE becomes second payer to Medicare
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##########ÿ#ÿÿd#########d#########E###Beneficiaries who are eligible for Medicare and TRICARE are considered dual-eligible by law. Dual-eligible beneficiaries, with the exception of active duty family members, must have Medicare Part A and B to retain eligibility for TRICARE benefits.Dual-eligible TRICARE beneficiaries under age 65 who are entitled to Medicare Part A due to a disability or end-stage renal disease and purchase Medicare Part B (except for active duty family members) are eligible to use TRICARE Prime, TRICARE Extra, or TRICARE Standard, and TRICARE will pay secondary to Medicare. TRICARE beneficiaries who become entitled to Medicare Part A upon reaching age 65 and purchase Medicare Part B become eligible for TRICAREs Medicare-wraparound coverage known as TRICARE For Life. TRICARE For Life is effective on the date Medicare Part B is effective.e

#######-#########-####ÿ□#ÿÿd#########K#########2##□##Zø=ûv
s##############□#ÿÿd#########Z#############Disabled and entitled to Social Security disability or Railroad Retirement Board benefits for a period of 24 monthsAutomatically enrolled in Medicare Parts A and B beginning with the 25th month of entitlementWaived for people who are entitled to disability benefits because of Amyotrophic Lateral Sclerosis (ALS) effective on first month of entitlementEnd-Stage Renal DiseaseYou can enroll in Medicare Part B by calling or visiting your local Social Security Office, or by calling Social Security at 1-800-772-1213O

###ÿÿ#####ÿ#ÿÿd#########d#########A###If you are under age 65, disabled, and have been entitled to Social Security disability or Railroad Retirement Board benefits for a period of 24 months, you will be enrolled automatically in Medicare Parts A and B beginning with the 25th month of entitlement. However, effective July 1, 2001, the 24-month waiting period is waived for people who are entitled to disability benefits because of Amyotrophic Lateral Sclerosis (ALS) commonly referred to as "Lou Gehrig's Disease." These individuals are entitled to Medicare the first month of entitlement to disability benefits, k

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÷mø  #ûÿÿ$###ÿÿ#####ÿ#ÿÿd#########K#########2###Enrolling in Medicare Part
B#Under Age 65 (cont.)
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s##############□#ÿÿd#########d#########¤###General enrollment period January 1 through March 31Part B coverage begins the following JulyMedicare-eligible active duty family members can enroll in Part B at any time before the active duty sponsor retires or during the eight-month period that begins the month the active duty sponsor retiresRemember after the active duty sponsor retires, family members entitled to Medicare must be enrolled in Medicare Part B

##########ÿ□#ÿÿd#########d##############Enroll during the general enrollment period each year, which runs from January 1 through March 31. Coverage will begin on July 1st of the year in which you enroll.Remember □ unless you are an active duty family member, you must be enrolled in Medicare Part B so if your active duty sponsor is about to retire, you need to enroll to continue to be eligible for TRICARE. The special enrollment period also applies to Medicare-eligible active duty family members covered through an employer group health plan based on current employment.#

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B□#Age 65 and Overe
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A#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########w###The Defense Enrollment Eligibility Reporting System (DEERS) will notify you that your benefits are about to change The Social Security Administration will notify you regarding your Medicare entitlementAutomatically enrolled in Medicare Part BYou may enroll during the general enrollment period if currently only using Medicare Part A You may be required to pay a surcharge#

###ÿÿ#####ÿ□#ÿÿd#########d#########Ô###You will receive a letter from DEERS indicating that your TRICARE benefits are about to change. The Social Security Administration will notify you regarding your Medicare entitlement.You will receive a Medicare card indicating coverage for Part A and Part B. You will be given the option to decline Part B coverage. Declining Part B coverage can be a very costly decision if you do not meet the exceptions discussed on the previous slide. Unless you meet the exceptions, you must be entitled to Medicare Part A and enrolled in Part B and pay the monthly Part B premiums to remain eligible for TRICARE.For more information about enrolling in Medicare Part B:Visit www.ssa.govCall 1-800-772-1213TTY/TDD 1-800-325-0778

#################$##########################ÿ□#ÿÿd#########d#########2##□##ZømûFS##############□#ÿÿd#########d#############If you or a family member is Medicare-eligible, entitled to Part A, and enrolled in Part B, DEERS must be updated to reflect Medicare Part A and Part B to retain eligibility for TRICARE coverageWhen you turn 65, the medical section of your military ID card may also need to be updated

###ÿÿ#####ÿ□#ÿÿd#########d#############If you or a family member is Medicare-eligible, entitled to Part A, and enrolled in Part B, DEERS must be updated to reflect Medicare Part A and Part B to retain eligibility for TRICARE coverage. When you turn 65, the medical section of your military ID card may also need to be updated.o

#################$##########################ÿ□#ÿÿd#########d#########2##□##Zømû¢
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#############□#ÿÿd#########Z#############Visit an ID card issuing facility;
locate one near you at www.dmdc.osd.mil/rslCall 1-800-538-9552Mail changes to:
Defense Manpower Data Center Support OfficeAttn: COA400 Gigling RoadSeaside, CA
93955-6771Make address changes online at: www.tricare.osd.mil/DEERSAddress

###ÿÿ#####ÿ□#ÿÿd#########d#########k###You can verify your DEERS information by contacting your regional contractor (TriWest Healthcare Alliance, Health Net Federal Services, or Humana Military Healthcare Services), by visiting a TRICARE Service Center or by contacting the nearest uniformed services personnel office (ID card facility). Sponsors or registered family members may make address changes, however, only the sponsor can add or delete a family member from DEERS, and proper documents are required, such as a marriage certificate, divorce decree, and/or birth certificate. Update DEERS Information in one of the following ways:Visit an ID card issuing facility; locate one near you at www.dmdc.osd.mil/rslCall 1-800-538-9552Mail changes to:Defense Manpower Data Center Support OfficeAttn: COA400 Gigling RoadSeaside, CA 93955-6771Make address changes online at: www.tricare.osd.mil/DEERSAddressA

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      #ûÿÿ$###ÿÿ#####ÿ□#ÿÿd#########K#########B###Updating Information with
the#Social Security Administration (SSA)
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##########ÿ□#ÿÿd#########d#########V###Your information must also be up to date with Medicare. Contact your local Social Security Administration office in one of the following ways:Phone: 1-800-772-1213TTY/TDD: 1-800-325-0778 for the hearing impairedWeb: www.ssa.gov/appointment.htmThe SSA Web site provides a list of services offered online, on the phone, or in the office.

#######1#########1####ÿ□#ÿÿd#########F#########2##□##Zø=ûv ³#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########n###Take your SSA Notice of Award, showing your Medicare Parts A and B effective dates, to the nearest military ID facilityThey will assist in determining the benefits to which you are entitled Will be issued a new military ID card reflecting those benefitsFacilitate appropriate claims processingTo locate the nearest facility to you, log on to www.dmdc.osd.mil.rsl#

###ÿÿ#####ÿ□#ÿÿd#########d#########p###You must take your SSA Notice of Award, showing your Medicare Parts A and B effective dates, to the nearest ID facility. They will assist you in determining the benefits you are entitled to, issue you an ID card reflecting those benefits, and facilitate appropriate claims processing. You should contact the facility first to determine if an appointment is necessary.

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##ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########□###Available to dual-eligible beneficiaries under age 65Managed care option; enrollment is required to participateIndividual enrollment fees (retirees) are waived for dual-eligible beneficiaries (if family is enrolled, family must still pay $230)Seek care from a primary care manager (PCM) in a military treatment facility (MTF) or from a network provider; specialty care requires referral from PCM

###ÿÿ#####ÿ□#ÿÿd#########d#########F###TRICARE Prime is a managed care option similar to a civilian health maintenance organization. TRICARE Prime offers fewer out-of-pocket costs than any other TRICARE option, with no deductibles to meet and low or no copayments. TRICARE Prime enrollees receive most of their care from a military treatment facility (MTF), augmented by providers in the TRICARE network. TRICARE Prime has certain access standards that dictate your waiting time for appointments. Enrollment is required, and TRICARE Prime enrollees are assigned a primary care manager (PCM) who coordinates most of their care. Specialty care requires a referral from your PCM and authorization from your regional contractor.Retirees usually pay an enrollment fee for TRICARE Prime:$230 per individual$460 per familyThese fees are waived for dual-eligible beneficiaries.

#################$##########################ÿ□#ÿÿd#########d#########2##□##Zø=û□
      s#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########ë###TRICARE□s Medicare-wraparound coverage Available to beneficiaries who are entitled to Medicare Part A and purchase Medicare Part BIn most cases, Medicare will pay first and the remaining out-of-pocket expenses will be paid by TRICARE#

###ÿÿ#####ÿ□#ÿÿd#########d#########p###TRICARE□s Medicare-wraparound coverage □ meaning that TRICARE pays second after Medicare for covered services.

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Ó#ÿÿ ###ÿÿ#####ÿ□#ÿÿd#########d#########□###May seek care from any Medicare providerMost Medicare providers are TRICARE-authorized providersMay seek care at MTFs on a space-available basis

##########ÿ□#ÿÿd#########d#########=###TFL beneficiaries can receive services through the TRICARE civilian and military networks (MTF□on a space-available basis). You may seek care from any Medicare-authorized provider.You may continue to seek care at an MTF on a space-available basis and in some locations enroll in TRICARE Plus, which is a military treatment facility primary care enrollment program that is offered at selected local MTFs. It is based on local MTF availability and there is no enrollment charge for TRICARE Plus. We□ll discuss TRICARE Plus in more detail a little later in today□s seminar.a

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No fees for TRICARE For Life You need to pay your Medicare Part B monthly premiumsPart B premiums are subject to change each January (2004 Part B monthly premium is $66.60)Automatically deducted from your Social Security checkCheck with Medicare on current Medicare Part B premiumsÿ

###ÿÿ#####ÿ□#ÿÿd#########d#########f###There are no fees to use TRICARE For Life. You need to pay your Medicare Part B monthly premiums. The premium is automatically deducted from your Social Security check once you enroll in Medicare Part B. The 2004 Part B monthly premium is $66.60. Check with Medicare for current Part B premiums since they may change annually. Visit www.medicare.gov.

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      ##ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########Ã###For services covered by both
Medicare and TRICARE, Medicare will pay first and TRICARE will pay secondFor
services covered by TRICARE but not Medicare, TRICARE pays its portions and you
are responsible for TRICARE deductibles and cost- sharesFor services covered by
Medicare but not TRICARE, Medicare pays its portion and you are responsible for
Medicare cost-sharesFor services not covered by TRICARE or Medicare, you are
responsible for all costsy
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#################$##########################ÿ□#ÿÿd#########d#########2##□##Zø□û#C#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########Q###Show Medicare and Uniformed Services ID CardParticipating provider files a claim with Medicare firstMedicare pays its portion and automatically sends the claim to TRICARETRICARE payment is automatically sent to providerBeneficiary receives an Explanation of Benefits (EOB) from TRICARE and Medicare indicating the total amounts paid #

##########ÿ□#ÿÿd#########d#########<###When a beneficiary goes to a provider□s office, they should show their Medicare Card and Uniformed Services ID Card as proof that they are TFL-eligible and have Medicare and TRICARE coverage.The Medicare-authorized provider that participates in TRICARE files a claim with Medicare first. Then Medicare pays its portion and automatically sends the claim to TRICARE. TRICARE payments are automatically sent to provider, then the beneficiary receives an EOB from TRICARE and Medicare indicating the total amounts paid.A TRICARE EOB is a statement sent to you showing what action has been taken on your TRICARE claims. EOBs are sent to you for your information and files. They are not bills. After reviewing the EOB, you have the right to appeal certain decisions regarding your claims and must do so in 90 days and in writing.

###ÿÿ#####ÿ□#ÿÿd#########d#########Ç###For services payable by TRICARE and Medicare: (read first row of chart) For services payable by Medicare but not TRICARE: examples are bone mass measurements, diabetes monitoring (read second row of chart) For services covered by TRICARE but not Medicare: examples are overseas care, unlimited hospital days (read third row of chart)For services not covered by Medicare or TRICARE: examples are cosmetic surgery, hearing aids (read fourth row of chart)m

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      3ûÿÿ$###ÿÿ#####ÿ□#ÿÿd#########F#########,###Using TFL with #Other Health
Insurance (OHI)
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      £#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########î###Employer-sponsored insurance
Medigap policiesOther supplemental health insurance policiesYou need to decide
if other coverage is necessary   TFL provides Medicare-wraparound coverage
similar to supplemental policies□at no cost to you!

###ÿÿ#####ÿ□#ÿÿd#########d#########~###Examples of Other Health Insurance (OHI) include:Employer-sponsored insuranceMedigap policiesOther supplemental health insurance policiesThe Department of Defense cannot instruct beneficiaries to keep or drop Medicare supplemental insurance, however TFL provides wraparound coverage similar to supplemental policies□at no cost. You need to decide if other coverage is necessary.

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Ó###############□#ÿÿd#########d#########□###With Employer-SponsoredHealth
InsurancePrimary payer:#Employer-sponsored planSecondary payer:#Medicare Third
payer:#TRICARE
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Yþÿÿ####ÿÿ#####ÿ##ÿÿd#########d#########¯###Order of payment depends on whether
or not the beneficiary has employer-sponsored health insurance based on current
employment. Remember TRICARE For Life will always pay last.O
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      #ûÿÿ$###ÿÿ#####ÿ□#ÿÿd#########K#########1###Coordinating Benefits
with#Other Health Insurance#
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#Ó#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########□###Without Employer-SponsoredHealth
InsurancePrimary payer: #MedicareSecondary Payer: #OHI or Medicare supplement
Third Payer: #TRICAREO

###ÿÿ#####ÿ□#ÿÿd#########d#########2###For services payable by TRICARE and Medicare where the beneficiary also has other health insurance or a Medicare supplement:The primary payer is Medicare.The secondary payer is OHI/Medicare supplement.The third payer is TRICARE.There is an exception if beneficiary is still working: then, the commercial insurance pays first, Medicare pays second, and TRICARE pays last. TRICARE by law may pay only after all insurance plans have paid. If money is still owed after all the other insurance plans have paid, the beneficiary should submit a claim to TRICARE.

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      u#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########Ô###If you decide to drop your
OHI, contact the other plan (not TRICARE) for information about how to disenroll
Keep your OHI status updated with TFLCall 1-866-773-0404TTY/TDD 1-866-773-0405
Visit www.tricare4u.com
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cûÿÿ$###ÿÿ#####ÿ□#ÿÿd#########d#############Using TFL Outside the United Statese

#################$##########################ÿ□#ÿÿd#########d#########2##□##ZøÍûF³#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########9###Must meet all eligibility requirements, including enrollment in Medicare Part BTRICARE is the primary payer for health care received outside the United StatesTFL provides same coverage available to retirees under age 65 (TRICARE Standard)Cost-shares and deductibles are:$150/person, $300/family25% cost-share#

###ÿÿ#####ÿ□#ÿÿd#########d#########Ê###Typically, Medicare does not provide coverage outside the United States. However, by enrolling in Medicare Part B, TFL becomes your primary source for health care unless you have other health insurance.TFL provides the same levels of coverage as those retirees under age 65 which is the TRICARE Standard plan, and you will be responsible for the same deductibles ($150/person, $300/family) and cost-shares□which is 25 percent of the TRICARE billed charge.

#######1#########1####ÿ□#ÿÿd#########F#########2##□##Zømûå
Ò#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########f###Wisconsin Physicians Service (WPS) is the new claims processor for all TFL claimsWPS has agreements with each Medicare carrier allowing Medicare to submit claims directly to WPS Providers will submit claims to Medicare and they will cross-over to TRICARE electronicallyNew TFL claims process will be implemented monthly as the new TRICARE regions roll out

###ÿÿ#####ÿ□#ÿÿd#########P#########□###Wisconsin Physicians Service (WPS) is TRICARE’s claims processing partner for all TFL claims.This new contract improves the claims process, allowing providers to file the claim with Medicare and then Medicare will send the claim to TRICARE as the secondary payer. No hassles for beneficiaries or for providers.WPS has agreements with each Medicare carrier allowing Medicare to submit claims directly to WPS TFL or, before transition, to the regional TFL claims processor. The beneficiary’s Social Security number must be in DEERS, and DEERS must reflect entitlement to Medicare Part A and Part B for the electronic claims process to work.

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□#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########3###WPS TFL is being phased-in as
follows: Region 11:   April 1, 2004Regions 2/5:   June 1, 2004
Regions 9/10/12: July 1, 2004Regions 3/4:   August 1, 2004Region 1:
                  September 1, 2004Central Region 7/8:   October 1, 2004Region
6:                November 1, 2004   * These dates represent the
claims receipt date.   #

###ÿÿ#####ÿ□#ÿÿd#########d#############TFL claims processing is currently in a state of transition. The outgoing regional claims processor will continue to process claims for services beneficiaries receive until WPS TFL is implemented in the region. WPS TFL is being phased-in as follows: Region 11:   April 1, 2004Regions 2/5:   June 1, 2004Regions 9/10/12:   July 1, 2004Regions 3/4:   August 1, 2004Region 1:   September 1, 2004Region 7/8 (Central):   October 1, 2004Region 6:   November 1, 2004.Note: These dates represent the claims receipt date.#

#################$##########################ÿ□#ÿÿd#########d#########2##□##Zø□û#
□###############□#ÿÿd#########d#############If for some reason you must submit a paper claim, you will need: DD Form 2642 (CHAMPUS claim form)Copy of the provider□s itemized billMedicare summary noticeEOBs from all OHIsTFL claims must be filed within one year from the date the care is received

###ÿÿ#####ÿ#ÿÿd#########d#########1###Paper claims must be submitted to WPS TFL or the regional TFL claims processor using a DD Form 2642 (CHAMPUS claim form), along with a copy of the provider's itemized bill, the Medicare summary notice, and EOBs from all OHIs. TFL claims must be filed within one year from the date the care is received. ÿ

#################$##########################ÿ□#ÿÿd#########d#########2##□##Zø□ûv £#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#############To find out what region you are in and the current claims processors, visit www.tricare.osd.mil/main/chart.html For more information:WPS TFL 1-866-773-0404 (TTY/TDD 1-866-773-0405)WPS TFL Web site at www.tricare4u.comVisit the TRICARE Web site at www.tricare.osd.mil/tfl ÿ

###ÿÿ#####ÿ#ÿÿd#########d##############To find out what region you are in and for information about your current claims processors, go to: http://www.tricare.osd.mil/main/chart.html. Once implemented in a region, beneficiaries may call WPS TFL 1-866-773-0404, or TYY/TDD 1-866-773-0405. For basic TFL information, they may contact WPS TFL or the TRICARE Information Service at 1-888-DoD-LIFE, (1-888-363-5433). Beneficiaries may visit the TRICARE Web site at www.tricare.osd.mil/tfl or the WPS Web site at www.tricare4u.com for more information about TFL. #

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#################(##########################ÿ□#ÿÿd######0##d#########2##□##ªö=#V
      S###############□#ÿÿd######0##d#########k###Pharmacy OptionsGeneric Drug
PolicyDrugs Requiring Prior AuthorizationPharmacy Data Transaction Service#
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      Ò#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########d###MTF PharmacyTRICARE Mail Order
PharmacyTRICARE Retail Network PharmacyNon-network Retail Pharmacy
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##########ÿ□#ÿÿd#########d#########□###TRICARE provides a world-class pharmacy benefit. All eligible TRICARE beneficiaries are eligible for the TRICARE Pharmacy Program, including beneficiaries entitled to Medicare based on age, and can fill prescription medications at MTF pharmacies, through the TRICARE Mail Order Pharmacy, or at retail network and non-network pharmacies. All beneficiaries must have their address and other information updated in DEERS. To have a prescription filled, beneficiaries will need a written prescription and a valid uniformed services ID card. Beneficiaries entitled to Medicare Part A who turned age 65 on April 1, 2001, or later, must be enrolled in Medicare Part B.

################$#########################ÿ#ÿÿd#########d#########2####Zø=û#B#ÿÿ####ÿÿ#####ÿ#ÿÿd#########d#########e###Prescriptions may be filled at an MTF pharmacy at no charge (least costly to patient and Department of Defense)If medication is in stock, it will be filled but best to call aheadUp to 30-day supply for controlled substancesUp to 90-day supply for all other medicationsMTF pharmacies will accept written prescriptions from any TRICARE-authorized provider#

##########ÿ#ÿÿd#########d#########C###Prescriptions may be filled (up to a 90-day supply for most medications) at a MTF pharmacy free of charge. Each facility is required to make available the medications listed in the DoD Basic Core Formulary. The MTF, through its local pharmacy and therapeutics committee, may add additional medications to its local formulary based on the scope of care at that MTF. Beneficiaries should contact their local MTF for specific details about filling and refilling prescriptions at its pharmacy. MTF pharmacies will accept written prescriptions from any TRICARE-authorized provider.#

#"#########"#####$###########"#########"####ÿ□#ÿÿd#########F#########2##□##ú÷mûF ##ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########□###Convenient home delivery (FPO or APO for overseas locations)Low CostGeneric medication□$3 for up to a 90-day supply Brand name medication□$9 for up to a 90-day supplyNon-formulary medication□$22 for up to a 90-day supplyNote: Up to a 30-day supply for controlled substances Free Shipping and HandlingFor more information: Visit www.express-scripts.com/TRICARE1-866-DoD-TMOP (1-866-363-8667)#

##########ÿ□#ÿÿd#########d#########Ø###TRICARE Mail Order Pharmacy is available for prescriptions that beneficiaries take on a regular basis. Beneficiaries may receive up to a 90-day supply for most medications. TMOP is administered by Express Scripts, Inc. Through this program, beneficiaries mail their health care provider’s written prescription, along with the appropriate copayment, to TMOP, and the medications will be sent directly to the beneficiary. Prescriptions may be refilled by mail, phone, or online. NOTE: For non-formulary prescriptions, you are responsible for a $22 cost-share with TMOP. For more information about TMOP, you may visit the Express Scripts Web site at www.express-scripts.com/TRICARE or call 1-866-DoD-TMOP (1-866-363-8667).

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##########ÿ□#ÿÿd#########d#########□###You may have prescriptions filled at any pharmacy in the TRICARE retail pharmacy network.The retail pharmacy benefit is portable across all TRICARE regions. So, if you are traveling, you can visit any retail pharmacy in the network and have prescriptions filled for a small cost-share.NOTE: For non-formulary prescriptions, you are responsible for a $22 cost-share in the TRICARE Retail Pharmacy Network. t

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*#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########ò###Most costly optionTRICARE Standard deductibles and cost-shares applyTRICARE Prime point-of-service (POS) option applies for TRICARE Prime beneficiaries May have to pay for prescription and file claim with Express Scripts for reimbursement

##########ÿ□#ÿÿd#########d#########Ü####Filling prescriptions in non-network pharmacies is the most expensive option and is not recommended. Beneficiaries may have to pay for the total amount first and file a claim to receive a partial reimbursement. TRICARE Standard beneficiaries who use a non-network pharmacy are responsible for a deductible and cost-share.TRICARE Standard Active duty family members E-1□E-4: $50/individual or $100/family deductible; then $9 or 20 percent cost-share (whichever is greater) once deductible has been metActive duty family members E-5 and above, retirees and their families: $150/individual or $300/family deductible; then $9 or 20 percent cost-share (whichever is greater) once deductible has been metTRICARE Prime□Point of Service (POS) Deductible: $300/individual or $600/family Then 50 percent of the TRICARE allowable charge once deductible has been metNote: For non-formulary medications, you will be responsible for a $22 cost-share or 20 percent, whichever is higher.

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¢###############□#ÿÿd#########d#########Î###Generic drugs will be substituted for brand name when availableMust justify medical necessity for brand name to be dispensedIf generic equivalent drug does not exist the brand name drug will be dispensed

##########ÿ□#ÿÿd#########d#########□###It is DoD's policy to substitute generic medications for brand name medications when available. Brand name drugs that have a generic equivalent may be dispensed only if the prescribing physician is able to justify medical necessity for use of the brand name drug in place of the generic equivalent. If a generic equivalent drug does not exist, the brand name drug will be dispensed at the brand name cost-shares. :

#################$##########################ÿ□#ÿÿd##########d##########2##□##Zømû¦r#ÿÿ####ÿÿ#####ÿ□#ÿÿd##########d##########4###Certain medications require prior authorization Per DoD contracts, some drugs must be dispensed from MTF or mail order pharmacyTRICARE covers all FDA approved prescription drugs approved for outpatient use with some exclusions established by law1-877-DoD-MEDS (1-877-363-6337)www.tricare.osd.mil/pharmacy

##########ÿ□#ÿÿd#########d#########&###Certain medications require prior authorization before they can be obtained from a retail pharmacy under the TRICARE program. A prior authorization request is necessary to ensure that clinically appropriate treatment regimens are followed. Drugs that require prior authorization are usually medications that are not the first step in a treatment regimen. ##There are specific drugs for which DoD has awarded contracts with pharmaceutical manufacturers that apply to the MTF pharmacies and the mail order program. As a result, some drugs that can be obtained from a retail pharmacy cannot be obtained from MTF pharmacies or the mail order program. TRICARE covers all FDA approved prescription drugs approved for outpatient use with some exclusions established by law. For a general list of prescription drugs that are covered under TRICARE□s outpatient pharmacy benefit and for drugs requiring prior authorization or quantity limits at TRICARE Retail Network Pharmacies, call toll free at 1-877-DoD-MEDS (1-877-363-6337) or visit www.tricare.osd.mil.

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      *#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########G###Creates a global centralized
data repositoryReduces the likelihood of adverse drug-to-drug interactions,
therapeutic overlaps, and duplicate treatmentsConducts an online proactive
clinical screening (drug interaction check)This is done before it is dispensed
to the patient, unless it is obtained from a non-network pharmacyc
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##########ÿ□#ÿÿd#########d##########)###The Pharmacy Data Transaction Service (PDTS) creates a global centralized data repository that records information about prescriptions filled for DoD beneficiaries at MTFs, the TRICARE retail pharmacy network, and the TRICARE Mail Order Pharmacy Program. PDTS improves the quality of prescription services and enhances patient safety by reducing the likelihood of adverse drug-to-drug interactions, therapeutic overlaps, and duplicate treatments across the highly transient population of active duty and retired beneficiaries. PDTS conducts an online prospective drug utilization review (a clinical screening) against a beneficiary□s complete medication history for each new or refilled prescription in real-time before it is dispensed to the patient, unless it is obtained from a non-network pharmacy.#

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#############ÿÿd#########P#########9###Centers for Medicare & Medicaid Services:1-800-MEDICAREwww.medicare.govSocial Security Administration 1-800-772-1213www.ssa.govTRICAREwww.tricare.osd.milContact your regional contractor for specific questions about dual eligibility (see next slide)Claims ProcessingWPS 1-866-773-0404www.tricare4u.com#

##########ÿ□#ÿÿd#########d#########§###For more information about enrolling in Medicare Part B, please visit the Centers for Medicare & Medicaid Services online at www.medicare.gov., or call the Social Security Administration toll free at 1-800-772-1213 or TTY/TDD at 1-800-325-0778. For more information about TRICARE, please visit the TRICARE Web site at www.tricare.osd.mil or contact your regional contractor for specific questions about dual eligibility.#

#################$###########################ÿ□#ÿÿd#########d#########2##□##Zø□û#
Ó###############□#ÿÿd#########Z#########A###TRICARE North RegionHealth Net
Federal Services, Inc.www.healthnetfederalservices.com1-877-TRICARE (1-877-874-
2273)TRICARE South RegionHumana Military Healthcare Services, Inc. www.humana-
military.com1-800-444-5445TRICARE West RegionTriWest Healthcare Alliance
www.triwest.com 1-888-TRIWEST (1-888-874-9378)#

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####ÿ□#ÿÿd#########d#########2##□##Zø□ûå
¢###############□#ÿÿd#########d#########»###TRICARE offers a comprehensive health benefit for our beneficiariesFrom preventive health services, to better coordination with our civilian system and lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members#

###ÿÿ#####ÿ□#ÿÿd#########d#########t###Thank you for attending your TRICARE Beneficiary Education seminar. We hope you found the information helpful. TRICARE offers a comprehensive health benefit for our beneficiaries. From preventive health services to better coordination with our civilian system and lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit for you.Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members. Thank you for attending your TRICARE Dual-Eligibility Seminar.

###ÿÿ#####ÿ□#ÿÿd#########d#########□###TRICARE has set up a Web site allowing you to evaluate its marketing materials. Please visit the site listed and provide us with your feedback.

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□#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########□###Transfer TRICARE Prime enrollment from one TRICARE Region to anotherActive duty service members and their families have unlimited transfers without a break in coverageRetirees and their families may transfer twice in a single enrollment year as long as second transfer is back to the original enrollment locationEnroll and select a new PCM in the new regionUpdate your new address in DEERS#

##########ÿ□#ÿÿd#########d#########û###Enrollment portability allows TRICARE Prime beneficiaries to transfer their enrollment from one TRICARE region to another.Active duty families may move from place to place an unlimited number of times without a break in coverage. When a uniformed services family moves to a new TRICARE region, they need to enroll with the new regional contractor and select a new PCM to avoid expensive point-of-service charges. When beneficiaries move, they need to update their address in DEERS as soon as possible. #

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      :###############□#ÿÿd#########d#########8###TRICARE Prime enrollment continuousAutomatically re-enrolled each year unless you request disenrollment Retirees could be disenrolled due to   non-paymentAny change in status□active duty to retired or demobilization□will cause a disenrollment from TRICARE Prime. You must re-enroll to continue your coverage.

##########ÿ□#ÿÿd#########d#########N###TRICARE Prime enrollment is continuous. Each year at the time of your enrollment anniversary date, you are given the option to disenroll. For active duty family members, you will be sent one letter and a Discontinuation form 30 days before your enrollment anniversary date. If you want to remain enrolled in TRICARE, you don□t have to do anything. However, if you* or anyone in your family would like to discontinue enrollment in TRICARE Prime, indicate that on the form and return it to your regional contractor. *Active duty service members must be enrolled in TRICARE PrimePlease note: Retirees could be disenrolled due to non-payment. In these cases, beneficiaries may be subject to a one-year lockout. For more information about how to re-enroll after failing to pay enrollment fees, retirees should contact their regional contractor.

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:#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########7###Urgent care appointment□24 hours or
lessRoutine appointment□One week or lessSpecialty appointment or wellness visit□
Within four weeks (28 days)Travel time may not exceed 30 minutes from home to
your PCM□s officeYou should not have to travel more than one hour from your home
for referred     specialty care#
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##########ÿ□#ÿÿd#########d#########w###An advantage of enrolling in TRICARE Prime is the TRICARE Prime access standards. You are guaranteed an appointment within the following standards:The wait time for an urgent care appointment shall not exceed 24 hoursThe wait time for a routine appointment shall not exceed one week.The wait time for a specialty care appointment or wellness visit shall not exceed four weeks (28 days)Additionally, under normal circumstances, your travel time may not exceed 30 minutes from your home to your PCM□s office for primary care, and you should not have to travel more than one hour from your home for referred specialty care. ,

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:#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########*###TRICARE Prime beneficiaries must seek care from an MTF when it is available Inpatient admissions, specialty appointments, procedures requiring prior authorizationIf the service is not available at the MTF within the appropriate access standards, you will be referred to a TRICARE network provider

##########ÿ▯#ÿÿd#########d#########0###TRICARE Prime beneficiaries must first try to obtain inpatient admissions, specialty appointments, and procedures requiring prior authorizations at an MTF. If the service is not available at the MTF within the appropriate access standards, then the beneficiary is referred to a TRICARE network provider.

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#################$##########################ÿ□#ÿÿd#########d#########2##□##Zø>û£
C#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########A###Active duty service membersActive
duty family members enrolled in TRICARE Prime Retirees, their family members,
and survivors enrolled in TRICARE PrimeActive duty family members NOT enrolled
in TRICARE Prime Retirees, their family members, and survivors NOT enrolled in
TRICARE Prime All other eligible beneficiariest
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##########ÿ□#ÿÿd#########d#########,###Beneficiaries may receive care in the MTF in the following priority:Active duty service membersActive duty family members who are enrolled in TRICARE Prime Retirees, their family members, and survivors who are enrolled in TRICARE PrimeActive duty family members who are NOT enrolled in TRICARE Prime Retirees, their family members and survivors who are not enrolled in TRICARE PrimeAll other eligible beneficiaries There are certain special provisions in the MTF access policy. Visit the TRICARE Web site at www.tricare.osd.mil for more details.

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Ó#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########G###MTF or network providerProvides most of your care and coordinates specialty care when neededKnows your family and medical history, lifestyle, and habitsHelps you develop and carry out a personal health maintenance and improvement programPrevents and detects health problems through regular screenings and wellness education#

##########ÿ□#ÿÿd#########d#########û###There are several advantages to having a PCM:Coordinates your care and acts as an expert guide to the medical system Determines when a patient needs to see a specialist and coordinates care with appropriate servicesBecause you see one physician or practice, your PCM knows your family and medical history, lifestyle, and habitsHelps you develop and carry out a personal health maintenance and improvement programPrevents and detects health problems through regular screenings and wellness education#

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#################$##########################ÿ□#ÿÿd#########d##########2##□##Zø5ûæ
      :###############□#ÿÿd#########d##########£###Care at an MTF□No copayments
Care from a network providerActive duty service members and their families, no
copaymentsRetirees and family members, $12 copayment#
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##########ÿ□#ÿÿd#########d#########:###There is no copayment for TRICARE Prime active duty family members for health care services received in the TRICARE civilian network or at the MTF, with the exception of pharmacy benefits, services provided under the Program for Persons with Disabilities, and when the Point-of-Service (POS) option is utilized.

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õ#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########Z#########□###When referred for specialty care at a location more than 100 miles from your PCM, you may be eligible to have your □reasonable travel expenses□ reimbursed Includes the actual costs incurred when traveling such as meals, gas/oil, tolls, parking, and public transportation Contact your MTF or the TRICARE Regional Office for more information or visit the TRICARE Web site at www.tricare.osd.mil/primetravel#

##########ÿ□#ÿÿd#########Z#########ï###If you are referred by your PCM for specialty care at a location more than 100 miles from your PCM, you may be eligible to have your □reasonable travel expenses□ reimbursed by TRICARE. You must have a valid referral and travel orders from a TRICARE representative at the MTF where you are enrolled or from the TRICARE Regional Office, if your PCM is a TRICARE network provider.Reasonable travel expenses are the actual costs incurred when traveling, such as meals, gas/oil, tolls, parking, and tickets for public transportation. You must submit receipts for expenses above $75. You are expected to use the least costly mode of transportation, and government rates will be used to estimate the reasonable cost.A parent, guardian, or other adult family member is authorized to travel with a non-active duty TRICARE Prime-enrolled patient as a non-medical attendant (NMA). If the NMA is not the parent, he or she must be 21 years of age or older. The NMA is not required to be enrolled in TRICARE Prime or to be TRICARE-eligible. The patient, however, must be enrolled in TRICARE Prime.This entitlement does not apply to expenses incurred by active duty service members residing with their sponsors overseas, which are reimbursed by other travel entitlements.#

#,#########,#####$###########,#########,####ÿ□#ÿÿd#########F#########2##□##Zø5û#:##############□#ÿÿd#########d#########ï###Freedom to use any TRICARE-authorized providerIn or out of network□no referrals neededNonavailability Statement is not necessarySubject to deductibles and cost-sharesPoint-of-service option is more costly to the TRICARE Prime enrolleeþ

###ÿÿ#####ÿ□#ÿÿd#########d#########S###The Point-of-Service (POS) Option under TRICARE Prime allows enrollees the freedom to seek and receive nonemergent health care services from any TRICARE-authorized civilian provider, in or out of the network, without requesting a referral from their PCM or your regional contractor. When TRICARE Prime enrollees choose to use the POS option, all requirements applicable to TRICARE Standard apply except the requirement for a Nonavailability Statement (NAS). POS claims are subject to outpatient deductibles and cost-shares, and is the most costly TRICARE option to the TRICARE Prime enrollee. m

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#################$##########################ÿ□#ÿÿd#########d#########2##□##Zø5û¶
      :###############□#ÿÿd#########d#############Annual outpatient deductibles
are $300 for an individual and $600 for a family50% cost-shares for outpatient
and inpatient claimsExcess charges up to 15% above the TRICARE allowable amount
The annual catastrophic cap does not apply to your out-of-pocket expenses under
the POS option #
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##########ÿ□#ÿÿd#########d#########Ê###Annual outpatient deductibles are $300 for an individual and $600 for a family, 50 percent cost-shares for outpatient and inpatient claims, and excess charges up to 15 percent over the allowed amount.

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      s#ÿÿ####ÿÿ#####ÿ□#ÿÿd#########d#########À###TRICARE Standard, TRICARE
Extra, and TRICARE PrimeADFMs□$1,000 per fiscal yearAll other beneficiaries
(retirees, family members of retirees, survivors, former spouses)□$3,000 per
fiscal year
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###ÿÿ#####ÿ□#ÿÿd#########d#########J###The catastrophic cap limits your out-of-pocket liability on copayments, cost-shares, and deductibles. The catastrophic cap is as follows:TRICARE Standard,TRICARE Extra, and TRICARE PrimeADFMs□$1,000 per fiscal yearAll other beneficiaries (retirees, family members of retirees, survivors, former spouses)□$3,000 per fiscal year

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